



Challenge TB - Indonesia

Year 2

Quarterly Monitoring Report

April-June 2016

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Cover photo:

Signing a Memorandum of Understanding between CTB and Directorate General of Correction Ministry of Law and Human Rights during commemoration of 52nd Correctional Service Day 2016. CTB was represented by Dr Agnes Gebhard (CTB Chief of Party and KNCV Country Director) and FHI360 Country Director, Caroline Francis. The signing was witnessed by the Minister of Law and Human Rights, Yasonna H. Laoly. (Photo by Trishanty Rondonuwu)

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Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Indonesia
Lead Partner	KNCV
Other partners	FHI360, WHO, IRD, ATS
Work plan timeframe	October 2015 – September 2016
Reporting period	April – June 2016

Most significant achievements:

1. The draft revised National Strategic Plan (NSP) was shared with all Provincial Health Offices during the National Monitoring and Evaluation Meeting in May 2016, to get inputs from provinces. CTB provided technical assistance to review the NSP (indicators, strategies, activities), and set the targets for province and district levels. The revised NSP has 6 strategies, which will be “translated” into the National Action Plan. The target setting for each province and district has been finalized and will be used to define the approach and formulate the activities during planning at provinces and districts assisted by CTB.
2. The District Planning process has been initiated in April 2016 in 2 districts (Medan City in North Sumatera Province and Tulung Agung in East Java Province) together with the National Tuberculosis Program (NTP), as part of political commitment and leadership strengthening in TB control at district level.
The advocacy meeting was conducted with the City Major of Medan and the Deputy of Regent Tulung Agung. As a result, both local governments are welcoming and will fully support the formulation of District Action Plans (DAP) for TB control, which indicate the strong commitment of both local governments on the TB control program. Both Government leaders also agreed to involve other sectors as TB is not merely a health issue. The further activities on District Planning/ District Action Plan development was put on hold because the individual arrangement between the USAID and the MoH has not yet been finalized.

At the national level, prior to the implementation, CTB and the NTP agreed to establish a team called National TB Assistance Team. The team will develop a work plan and detailed activities, including the development of technical guidelines for District Action Plan formulation. The technical guidelines have been tested by the NTP in Bali in June 2016. The guideline was also shared and discussed in a meeting attended by representatives of the District Health Offices (DHOs) and the Planning Agency for Regional Development (*BAPPEDA*) from all districts in Bali, the Provincial Health Office (PHO) and Provincial *BAPPEDA*. The result is a reference for the finalization workshop, which is planned in July 2016.
3. CTB provided technical support to two regional laboratories, BBLK Jakarta (DKI Jakarta) and Adam Malik Hospital (North Sumatera). As a result, both labs have been certified for Drug Susceptibility Testing (DST) on second line anti-TB drugs. It brings the total number of certified laboratories for 2nd line DST in Indonesia to 7, thus achieving the 2016-national target.
4. From January to June 2016, the NTP has installed 20 new GeneXpert machines as part of Programmatic Management of Drug-resistant TB (PMDT) expansion. CTB provided Technical Assistance (TA) to the NTP for the GeneXpert placement, installation, training for the laboratory technicians and troubleshooting. As part of acceleration of Global Fund (GF) grant utilization, the NTP is procuring another 200 new machines, to be installed in August/September 2016 and establishing another 191 new PMDT sites. The expansion plan was developed including a cascade training plan. Cepheid conducted a training for trainers at National level at the end of June 2016. Up to June 2016, in total 82 GeneXpert machines have been placed in 33 provinces (40 4- module machines and 42 2-module machines) and the total number of tests increased to 9,551 during the first 6 months of 2016, an increase of 40% compared to 2015 (figure 1).

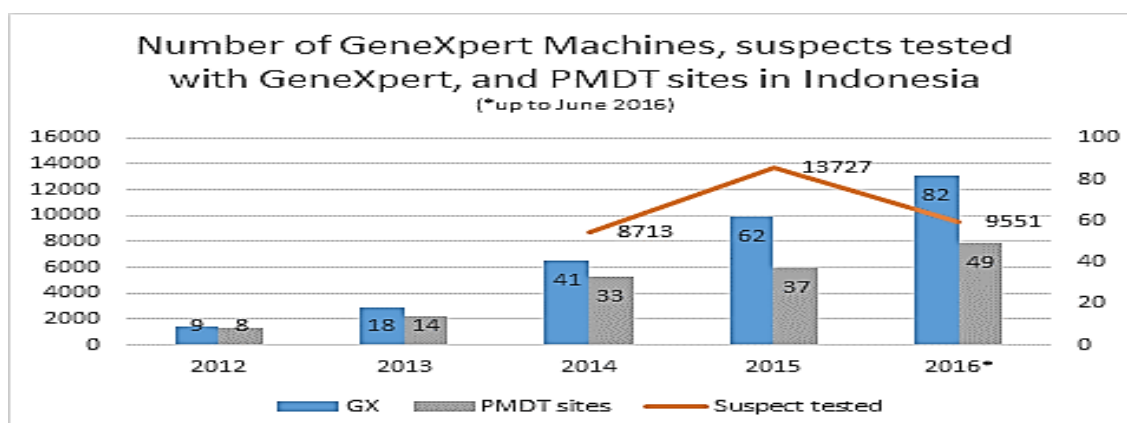


Figure 1. Number of GeneXpert machines compare with suspects tested and number of PMDT sites in Indonesia

5. In April a high level combined Stop TB Partnership/ Global Fund (STP/GF) mission to Indonesia voiced their concern on the under-spending of the GF TB grant and underperformance on GF targets, especially on TB case notification, MDR-TB and TB/HIV. This was putting Indonesia at risk to lose up to 20 million USD over the period 2016-2017, which is also expected to decrease the level of allocation for the consecutive period. CTB took the initiative to facilitate bi-weekly meetings between the GF country team and the NTP, with participation of the Country Coordinating Mechanism (CCM) vice chair, WHO, KNCV, and others as relevant and to support the NTP in implementing the action points agreed during these meetings. This already resulted in an accelerated MDR-TB response in the country (procurement of 200 additional GeneXpert machines, training of GeneXpert teams and planning for scale-up and decentralization of PMDT), rescheduling of the GF grant and an improved GF utilization rate.

Technical/administrative challenges and actions to overcome them:

1. With the new country director coming on board, office capacity strengthening accelerated. Unfortunately, this quarter many of the programmed activities were put on hold, mostly those activities that require contribution from the NTP or the MoH, who were not allowed to participate. This participation is highly needed for instance in the district assessments and laboratory system improvement. In general it would not be appreciated by MoH if CTB is undertaking certain activities, while an agreement between USAID and Government of Indonesia is not formal. Consequently, KNCV-Indonesia is facing low budget absorption. Our frequent visits to the NTP and effective contributions to the National Action Plan led to good relationship building with the NTP-manager, which will help us kick-start the activities as soon as a pending individual arrangement between USAID and the MoH is finalized. To ensure the program holds momentum, alternative activities were planned, some of them captured in a MOT.
2. Until March 2016, KNCV was registered as an International NGO at the Ministry of Foreign Affairs based on a Memorandum of Understanding (MoU) between KNCV and the Ministry of Health. As a consequence of changes in laws and regulations in 2015, this MoU could not be renewed. In Q3 we were working on a 6-month extension of the MoU or a renewal for another 3 years into a new type of agreement with the MoH. We aim to retain our status as an international Non-Governmental Organization (iNGO), which is a decision to be taken in an interdepartmental meeting of the Government of Indonesia (GoI). Having to wait, means that all formalities such as expat work permits, tax exemption requests, etc. are still pending and awaiting our new status. After this has become clear, the right formal procedures can be applied by the Ministry of Health, the Ministry of Foreign Affairs, the State Secretariat, the Ministry of Finance, and the Ministry of Immigration.
3. East Java Provincial office was managed as an extra task, on a distance, by the Project Coordinator in Jakarta. Government relations could not rely on a permanent Senior Technical

officer. Both were contracted in this quarter. Management of Operations had to be done by an interim. A permanent director has now been recruited and starts her introduction on July 25th

2. Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Finalize lab action plan (including Xpert & culture/DST roll out) with support from SR	2.1.1		- Lab strategic plan finalized and approved	- Lab strategic plan translated to district action plan in CTB supported areas		- A zero draft of National Laboratory Action Plan 2015-2019 has been developed in previous quarter. - Technical assistance on development of NSP – Lab section has been provided, result below: <ul style="list-style-type: none"> • By 2019, target for External Quality Assessment (EQA) coverage for microscopy is 90% with 100% microscopy labs show good performance • Target for number of C/DST Lab to support the PMDT expansion is 46 culture and 17 DST labs, to be achieved in 2019. 	Partially met	Additional work to revise the National Laboratory Action Plan (based on current revision of the NSP and GeneXpert (GX) roll out) was put on hold, due to another priority of NTP on GX acceleration target.
			-SRL report with recommendations submitted	- SRL report with recommendations submitted	- SRL report with recommendations submitted	CTB provided external technical assistance; Richard Lumb and Petra de Haas for TB laboratory network strengthening, quality assurance, and the development of a responsive GeneXpert network expansion strategy. Reports and recommendations have been submitted, Richard Lumb in February 2016 and Petra de Haas in	Met	The output is final draft of Lab National Action Plan 2016-2019 which has been submitted to NTP

						June 2016.		
					-LQMS ToT done and LQMS international guideline adopted to local content		N/A	This activity shifted to APA 3 Q1.
Support 3 NRLs (BBLK Surabaya, Micro UI, and BLK Bandung) to strengthen Lab Network (C/DST, Provincial and intermediate reference labs (PRLs and IRLs)) in CTB areas, expand scope of IRLs for intensified case finding (ICF) (including Xpert),	2.1.2			LED FM SOP and EQA developed		LED FM SOP and EQA has been developed in Q4 APA 1 and piloted in 3 sites in West Java (RS Hasan Sadikin, Lung Clinic, and RS Rotinsulu).	Met	NTP has cancelled LED procurement to expand LED implementation due to change of NTP strategy on GF funding disbursement for Lab. NTP prioritized the acceleration on GX roll out as rapid test diagnostic tool to increase case notification and PMDT expansion

expansion of culture labs, and introduction of LED			PRL for West Java identified and trained		all IRLs in CTB districts identified and trained	- In previous quarter, there were 3 labs appointed as candidates for PRL of West Java. They were: LB BP4 (Balai Pengobatan Penyakit Paru-Paru) in Cirebon City, Labkesda (District Health Laboratory) of Bandung City, and BKKM Laboratory of West Java. CTB facilitated the selection process, and the result showed Lab BP4 in Cirebon City was eligible and ready to become PRL of West Java.	Partially met	- No further progress in this quarter related to selection for PRL West Java finalization, because there is a new regulation regarding the status of those 3 labs. We dropped this activity and not planned to be conducted in APA 3
					provincial team for GX calibration and troubleshooting identified and trained		N/A	
					Culture/media /SWP training for 4 new culture labs completed		Partially met	
			Number of additional TB culture labs needed identified (number tbd after district assessments)			In Q2, 4 labs have been identified to be candidates of TB culture lab. They were: Pasar Rebo Hospital (Jakarta), Gunawan Hospital Bogor (West Java), BBKPM Surakarta (Central Java), and BLK Medan (North Sumatera). Below the NTP target in National Action Plan related to number of culture and DST labs:	Met	Assessment to these labs was conducted as part of regular lab supervision from NRLs. Data will be used for district plan.

							2015	2016	2017	2018	2019		
						Cul	16	20	30	40	46		
						DST 1st In	12	13	14	15	17		
						DST 2nd In	5	7	10	13	17		
Expand sample transportation system for TB & HIV services (based on JSI model)	2.1.3		specimen transfer workflow developed	Specimen packaging training conducted	Specimen transfer system developed in CTB areas	<p>In Q2, TB Specimen Transportation Guideline has been drafted through a workshop conducted in March 2016 involving NTP, NRLs, and CTB, funded by USAID-DELIVER. In April 2016 a follow up workshop to finalize the technical guideline was conducted. The result has been submitted to NTP for final review.</p> <p>In East Java, the specimen transport mechanism has been disseminated by PHO to 19 districts/cities in a workshop (funded by GF) with CTB participation. Besides formation of 7 sites within East Java for Rapid Test Diagnostic tools referral, the lessons learned from 2 pilot cities (Malang and Surabaya) of JSI were shared also.</p> <p>In Bandung City, the specimen transport has been conducted with local budget (after JSI project). CTB has prepared a video tutorial of specimen packaging.</p>	Partially met	An example of specimen transport mechanism has been shared during CTB TA to DHO and PHO. The workshop to develop specimen transport mechanism in district level is planned to be conducted next quarter.					
Engage private laboratories in TB Lab network to participate in EQA and to ensure standardized quality of TB diagnostic	2.1.4		Number of non-program/private labs (tbd after district assessment)	Network for non-program/private labs to TB program established (integrated into national lab network)	EQA training for non-program/private labs conducted		Not met	Activities related with network for non-program/private labs to TB program are district-based activities. These activities will be adjusted according to					

services								district planning result.
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Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Establish coordination mechanism/platform with other programs (DM, MCH & HIV, geriatrics, prisons, etc.)	3.1.1			Consensus between all stakeholders for TB case finding activities			Not met	The workshop and meetings in National level to build the consensus has been postponed due to USAID – MoH MoU issue.
Screening of risk groups (HIV, DM, children, TB contacts, HCWs, etc.) => include screening for DR-TB. (e.g. FAST as first entry screening)	3.1.2	Protocol of OR in selected CTB area finalized and approved	Screening facilities and commodities for ICF OR ensured	ICF OR started	Mid-term evaluation for ICF OR in Bogor	CTB has started to conduct a preliminary meeting with NTP and TORG (Tuberculosis Operational Research Group) to discuss proposed OR and reached agreement on study design and approaches.	Not met	There have been changes in the NTP leadership which required CTB to re-explain the previously agreed proposed ICF OR. The NTP manager requested further discussion of the study with the TORG before giving approval. This meeting resulted in a fundamental change of the study design thus requiring adjustment of the protocol. The new NTP manager has now approved the proposed ICF study. At the moment CTB is working on the updated protocol.
			- TB screening model using X-ray in prisons documented for policy direction	- TB screening SOPs developed and implemented at selected facilities in	- TB screening SOPs evaluated -exit strategy of handing over	- Dissemination of the enhanced TB ACF in Correctional Facility guideline to include the TB screening using X-ray as screening tools and Xpert/MTB Rif examination as diagnostic tools in 5	Partially met	The screening model using X-ray in prisons will be started in next quarter, thus the result is not documented yet.

				CTB districts	TB in prisons screening and support established	<p>CTB provinces, was conducted in April 2016. This activity followed by workshop to strengthen the external and internal linkage of TB ACF in the Correctional Facility in 6 districts (Medan, Deli Serdang, Semarang, Jember, Jakarta Pusat & Jakarta Timur) to support the annual TB screening among inmates & staff including establishing the referral/feedback mechanism for TB and HIV post release program involving parole office, local CSO and DHO/PHO.</p> <ul style="list-style-type: none"> - Preparation of annual TB screening using X-ray has been started in 4 provinces: North Sumatera (Medan & Deli Serdang districts), East Java (Jember district), DKI Jakarta (Jakarta Timur & Jakarta Pusat) & Central Java (Semarang district). Based on request from DG Correction MoLHR, it is planned to conduct the screening pilot in 30 prisons/detention centers 5 CTB provinces. 		
CSOs support ICF	3.1.3		CSO engagement strategy (ENGAGE TB) finalized, including addressing confidentialit	SOP for CSO involvement in ICF and CI established		The document of CSO Engagement strategy has been drafted. Due to the NTP decision to revise the National Strategic Plan (NSP), hence, it has been decided that the CSO Engagement strategy will be	Partially met	The planned meetings and workshops to develop the intended SOP are being postponed (hopefully to APA 2 Q4) due to USAID-MoH MoU issue.

			y issues			included into the revised NSP. In Q2, CTB supported NTP to translate the strategy into the National Action Plan for CSO Engagement. Next, the National Action Plan will be adjusted accordingly.		
Implement bi-directional TB-HIV screening and IPT for HIV (IPT for children <5yrs -- see under CI)	3.1.4			IPT implemented in 9 additional ART hospitals in CTB districts	IPT implemented in all ART hospitals in CTB districts	At National level, the implementation of IPT was slow, no data is reported to NAP. In order to investigate the problem in the IPT implementation, CTB initiated NAP and NTP to do joint supervision to existing IPT hospitals, involving DHO and PHO on April 2016.	Not met	There were no activities to scale up the implementation of IPT in 9 additional ART hospitals in CTB districts. This activity will be adjusted according to the district plan result in APA 3.
				PITC set up in 50% of selected CTB facilities (#tbd)	PITC set up in all selected facilities (# tbd)		Not met	In Q3 the PITC training has been postponed due to administrative issue on USAID-MOH MoU. In next quarter, with support from DHO, the activity is to be conducted in Surakarta City.
Adapt TB CARE 1 CI tool and develop SOPs & models/establish best practice for contact investigation	3.1.5		Guideline for CI-IPT for children finalized			Guideline for CI-IPT for children was finalized in October 2015. A workshop to introduce the algorithm for Children CI-IPT was held with participation from representatives of the PHO and paediatricians society from 6 provinces (including 4 CTB provinces) under GF funding.	Met	

			SOP for CI developed		SOP for CI activities evaluated and result documented	CTB has drafted the generic SOP and tools for CI screening to be adopted by facilities.	Partially met	The workshop to finalize the zero-draft SOP planned to be conducted in August 2016.
Implement infection control strategies for various service delivery levels link with FAST strategy (see activity 3.1.2)	3.1.6			TempO guideline disseminated SOP in selected facilities developed	TempO tools developed		Not met	The activities at district-level to disseminate and develop the SOP for selected facilities are postponed due to administrative challenge (USAID-MoH MoU)
Review PMDT based on GLC recommendations and enhanced cohort review findings => package development (must address HR, patient support, referral & monitoring)	3.2.1		Road map for responsive PMDT approach in CTB districts established			CTB provided assistance to a PMDT expansion plan. By the end of 2016, there will be additional 191 DR-TB treatment centers in the country, of which 131 sites will be established in 10 priority (mostly high-burden) provinces. CTB is also involved in the revision of curriculum and module for PMDT training, and in the development of a training plan to facilitate the massive expansion.	Not met	The intended activity related to road map for responsive PMDT approach in CTB districts has been shifted to be implemented after the District Planning.
Ensure patient supervision / management according to national guidelines	3.2.2		candidates for sub referral identified in 3 districts		handing over of Enhanced Cohort Review and integration into routine R/R completed	Up to now there are several candidates of sub referral PMDT in CTB provinces: Jakarta 1. RSP Sulianti Saroso in North Jakarta 2. RS Cempaka Putih in Central Jakarta North Sumatera 1. RS Pirngadi in Medan City 2. RS Haji in Deli Serdang 3. RS Deli Serdang in Deli Serdang In East Java, 2 hospitals (RSUD Ibnu Sina Gresik and	Met	

						RSUD Jombang) have been appointed as sub-referral. CTB provided a series of TA on PMDT to ensure the quality of services, including reporting - recording. Additionally, 20 hospitals in East Java province, 3 hospitals in Bogor District and 3 hospitals in Bandung city have been selected as GeneXpert sites.																																			
Community based services for treatment, management, support (involve community health nurses as case manager/DOT/PMDT coordinators (e.g. CSO/ CEPAT) including linking peer educator groups with CSOs	3.2.3			- Peer educator (PE) groups established in each CTB district	-community nurse model commenced in 4 districts	<p>Peer educator groups have informally formed through province training team in Jember, namely SEKAWAN. It is planned that CTB will provide assistance on formalizing their organization in Q4.</p> <p>The table below describe PE group in each CTB's districts:</p> <table><tr><th>Districts/ City</th><th>Referral/Sub referral Hospital</th><th>PE group</th></tr><tr><td>Medan City</td><td>RS Adam malik</td><td>PESAT (formerly PEJABAT)</td></tr><tr><td>Deli Serdang</td><td>-</td><td>-</td></tr><tr><td>Bandung City</td><td>RS Hasan Sadikin</td><td>TERJANG</td></tr><tr><td>Bogor</td><td>RSP Gunawan</td><td></td></tr><tr><td>Surakarta City</td><td>RS Moewardi</td><td>SEMAR</td></tr><tr><td>Semarang City</td><td>RS Kariadi</td><td>-</td></tr><tr><td>East Jakarta</td><td>RS Persahabatan</td><td>PETA</td></tr><tr><td>North Jakarta</td><td></td><td></td></tr><tr><td>Tulung Agung</td><td>-</td><td></td></tr><tr><td>Jember</td><td>RSP Jember</td><td>SEKAWAN</td></tr></table>	Districts/ City	Referral/Sub referral Hospital	PE group	Medan City	RS Adam malik	PESAT (formerly PEJABAT)	Deli Serdang	-	-	Bandung City	RS Hasan Sadikin	TERJANG	Bogor	RSP Gunawan		Surakarta City	RS Moewardi	SEMAR	Semarang City	RS Kariadi	-	East Jakarta	RS Persahabatan	PETA	North Jakarta			Tulung Agung	-		Jember	RSP Jember	SEKAWAN	Partially met	PE group's home base are usually in Referral/sub-referral hospital; thus the establishment of PE group will be in line with the availability of PMDT referral/sub-referral.
Districts/ City	Referral/Sub referral Hospital	PE group																																							
Medan City	RS Adam malik	PESAT (formerly PEJABAT)																																							
Deli Serdang	-	-																																							
Bandung City	RS Hasan Sadikin	TERJANG																																							
Bogor	RSP Gunawan																																								
Surakarta City	RS Moewardi	SEMAR																																							
Semarang City	RS Kariadi	-																																							
East Jakarta	RS Persahabatan	PETA																																							
North Jakarta																																									
Tulung Agung	-																																								
Jember	RSP Jember	SEKAWAN																																							



Photo was taken after advocacy meeting with City Major of Medan- North Sumatera, as initiation of District Planning (by Trishanty)

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Develop regulatory framework for SPM implementation at district level (ensure that TB control program has adequate portion in local governments' planning and budgeting through advocacy to local government using 5 planning development principles), based on PNPk & national guideline revision	7.2.1	district assessment s completed	Revised PNPk finalized and published	Assessment of TB control support needs in Papua and West Papua provinces completed		The support from CTB to revise the National Guideline on Health Services (PNPk) has been done in previous quarter. Currently the revised PNPk is still in the process of ministerial decree.	Partially met	The assessment of TB control support needs in Papua and West Papua provinces has been postponed due to administrative challenge (USAID-MoH MoU).
			Agreements between CTB and district governments		Provision of inputs to local government budget revision (2017)	The initiation of district planning has been made in 2 districts (Medan City, and Tulungagung). However due to problem with formal agreement between USAID and MoH, the agreed follow up actions after initiation visit above, have been postponed.	Partially met	District planning (previously district assessment) for other districts has been postponed due to administrative challenge (USAID-MoH MoU).
Develop SOP for Accreditation/Certification (linkage with PNPk) and reinforce TB component of hospital accreditation guidance (develop guidance handbook for surveyor)	7.2.2		TB guidance handbook for PHC accreditation disseminated to surveyors in 5 CTB provinces	TB guidance handbook for hospital accreditation finalized	TB guidance handbook for hospitals accreditation disseminated to surveyors in 5 CTB provinces	In previous quarter, the guidance handbook for PHC has been finalized and submitted to the Accreditation Sub Directorate of MoH. The TB guidance handbook for hospital accreditation has not developed yet.	Partially met	After being submitted for accreditation to MoH in last quarter, the planned dissemination could not be conducted due to administrative challenge (USAID-MoH MoU).

Ensure revision of JKN TB package (include PMDT into JKN package) and its implementation	7.2.3			PMDT included into JKN TB package	M&E tools for TB services in the JKN scheme at district level implemented in all CTB districts	CTB participated in discussion of PMDT services and funding mechanism in National Health Insurance (JKN), on May 2016, conducted by KPMAC. Currently DR-TB has no specific coding on INA CBG. The representative from Center of Health Insurance – MoH (<i>PPJK/ Pusat Pembiayaan Jaminan Kesehatan</i>) suggested to use other code of INA-CBGs J-4-15-III (Respiratory Infection) for DR-TB.	Partially met	CTB will continuously provide technical assistance and support to ensure the sustainability funding linked to quality assurance of TB diagnostic and care which also planned in APA 3 Workplan.
Establish comprehensive PPM strategy including monitoring & supervision mechanism through Public-Private Interface Platform (PPIP) - (PPM team, Puskesmas Network, CSO, PDPI, LKB, etc.) and regulatory framework	7.2.4		<ul style="list-style-type: none"> - PPM strategy for CTB areas finalized - PPIP established 		mid-term evaluation result	In West Sumatra, among 6 clinics in which they are committed to implement DOTS and involve on PPM Kota Padang networking, an additional one GP has started treating TB patients. The Dr Rasidin hospital in Kota Padang revised their DOTS team to improve the DOTS unit services. The health offices in Kota Padang, Kota Bukittinggi, and Kota Solok agreed to improve the TB-HIV collaboration and reporting.	Not met	<ul style="list-style-type: none"> - CTB already has PPM operational guidelines. But still in the process of revision to be updated with current revision of NSP. This process is postponed due to administrative challenge (USAID-MoH MoU). - PPIP implementation are in line with District Assessment/District Planning activity (which is pending due to administrative challenge - (USAID-MoH MoU))

Assist facilities to prepare the process of accreditation leading to branding, credentialing and JKN reimbursement (including mapping for priorities)	7.2.5				selected facilities accredited		N/A	
Promote & facilitate TB certification of GPs leading to branding, certification & JKN reimbursement	7.2.6		- roadmap developed - initial batch of GPs selected		at least 50% of initial batch of GPs certified	Coordination meeting with IMA-West Java to discuss GPs certification strategy (including TB training) and obstacles, has been conducted in May 2016. Result is: a plan to conduct a mapping of GPs in 2 Public Health Center area (with the largest number of GPs and TB network), for next quarter.	Partially met	The planned meeting to develop the roadmap has been postponed until the USAID – GoI MoU issue has been resolved.
Mainstreaming of patient centred approach in services (patient perspective, psychosocial support (PSS), etc.)	7.2.7		PCA tools implemented at selected facilities		initial results of PCA tools implementation available		Not met	It is planned from last quarter that the PCA tools will be implemented by local CSOs as part of District Planning approach.
CSO capacity building for engagement in the TB control program	7.2.8		mentor for patient group identified and contracted		report of mentor - mentee program received incl. recommendations		Not met	There was a strategic change on mapping CSO as part of district planning process due to administrative challenge (USAID-MoH MoU).

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Develop HIS plan - data solution design (including systems & needs assessment & response, MN) - establish IT/Data Management steering committee	10.1.1	IT/Data management steering committee	Master plan TB information system finalized and agreed by NTP		- New software for R/R TB system available - Small scale pilots at selected area(s) started, errors/ bugs solved by IT provider	NTP has agreed to develop SITB (Information System for TB). The development process will start with assessing perception of users of the current Information System (SITT and eTB Manager) and its challenges, to have better understanding of what kind of Information System was expected, and to map resources (man power). The assessment is planned to be conducted in July to August 2016. The result will be used as base to develop the master plan TB Information System.	Partially met	The process to establish IT/Data steering committee was postponed due to administrative challenge.
Support the development of the mandatory notification system (including SOP development)	10.1.2		Policy and data flow mechanism for MN finalized and agreed by NTP.	Mobile software module for MN available	Selected CTB area has implemented MN using mobile software.	CTB facilitated NTP for developing a simple and user friendly RR software that will help General Practitioners to notify TB cases easily that will lead to increasing notified cases To date, variables	Partially met	There were two Minister of Health Decrees (PMK/Peraturan Menteri Kesehatan); PMK no.45 year 2014 related to health surveillance system and PMK No. 82 year 2014 related to Infectious Diseases Eradication), which are stating the mandatory notification for

						which are proposed for Recording and Reporting have been approved by NTP. The software-development is progressing and the prototype is expected to be final August '16.		communication diseases including TB.
Improve data utilization & introduce modelling for policy development & advocacy (NSP and provincial level translation) - link to UGM TDR grant	10.1.3				- Roadmap data-utilization for advocacy, planning and policy development available. - TB think-tank for data utilization established		N/A	
Facilitate/ support well-functioning quality data system/ DQA in CTB areas, while maintaining the current systems until the new comprehensive system is fully operational and transitioned	10.1.4		SITT and eTB Manager are in line with WHO definitions.		All CTB data indicators including pharmacovigilance (TB cases, Drug and lab supplies availability, Adverse drug reaction data) are available through existing/new software	TA to adjust paper based forms for TB cases recording and reporting to be in line with WHO definitions has been provided by CTB in the previous quarter. The updated forms have been officially distributed to Provincial Health Offices. And the electronic based forms in SITT is in progress for UAT (user assessment test). It is expected the electronic forms can be implemented in August 2016. The function to record	Met	

						pharmaco-vigilance of new drugs (Bedaquiline, Clofazimine and Linezolid) were added into eTB manager which is in line with WHO definitions, and it has fully functioned.		
			GxAlert integrated in eTB Manager			<p>CTB provided support to integrate Genexpert machine and eTB Manager using Gx Alert. With this integration, the result of Xpert MTB/RIF test is automatically inputted into eTB manager. It will result in more accurate and faster data.</p> <p>The connection testing was done in previous quarter and it is recommended to use a barcode to minimize errors. To accommodate this need, reprogramming APA2 budget to procure barcode has been processed and awaiting approval.</p>	Met	
Ensure that costing is included in all CTB (piloted) intervention packages – link to local university	10.1.5		costing strategy and plan developed			Postpone to APA3	Not met	Due to delay of district assessment, together with HQ it was decided to postpone this activity
Monitoring and Evaluation	10.1.6		quarterly review meetings	quarterly review meetings	- quarterly review meetings		Not met	The M&E activity is highly related to the District Planning, therefor the

			held	held	held - annual program review meeting held			intervention to the district level is being postponed until the District Planning.
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Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Jun 2016		
Revision of HRD plan and advocacy for adequate HR allocation and commitment based on in-depth HRD needs & skills assessment	11.1.1			TB HRD plan with recommendations for national, provincial and district level developed			Not met	Due to the delay of district assessment/district planning, specific information, i.e. the capacity of the DHO/PHO could not be provided by technical team to date

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e.</i> , TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date
IND-T-MOH	B1	B1	\$ 100.1 m		\$ 72.1 m
IND-T-AISYIYA	A1	A1	\$ 9.6 m		\$ 5.4 m

* Since January 2010

** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The NFM project (2016-2017) with the title "toward an Indonesia free of tuberculosis" is implemented under two principle recipients (PRs): the Ministry of Health (MoH) with a total signed amount of USD 63,337,280 and a large local FBO named Aisiyiah (representing several CSOs), with a signed amount of USD 21,825,685.

PR-MoH supports intensifying TB case management interventions in all 514 districts, and implementing a more comprehensive support in the 142 highest prioritized districts. This will be achieved by substantially increasing case finding, through a range of comprehensive and intensified interventions, including implementation of a range of TB-HIV collaborative activities, implementing new screening algorithms applying molecular and X-ray technology, improvements to diagnostic performance, supported by strong community support.

PR-Aisiyiah is responsible to coordinate community level activities of Sub-Recipients (SRs) and as the representative of Civil Society Organizations (CSOs) that currently covers 16 provinces and to be expanded in 25 provinces and 160 districts in 2017. Aisiyiah works in three key areas:

- TB care and prevention including support to MDR TB patients
- Community systems strengthening (CSS)
- Removing legal barriers to access

Currently, both PRs have a low spending rate and low achievement on all indicators including low MDR-TB enrolment, to the great concern of GF and CTB. To accelerate of GF implementation, the NTP will prioritize the expansion of GeneXpert roll-out, PMDT scale-up, and providing adequate patient support.

In terms of TA activities implemented by KNCV, the MoU amendment of No-Cost Extension (NCE) ended by 30 June 2016. There are some TA omitted by NTP due to time consideration and strategy changes, but there are also several TA activities ongoing which will continue under the new NFM grant. Those TAs are for renovation of laboratory and PMDT hospitals, in which the construction work is ongoing. There are furthermore ongoing TAs for DRS Sentinel report and PCA guidelines – which are in the final stage of the work. In March – April, it was decided to utilize remaining TA funds for hiring an advocacy consultant to help the NTP develop a joint advocacy strategy for TB-HIV.

The MoU of PR-TB 'Aisyiyah with KNCV to accommodate ongoing TA work has also ended 30 June 2016. Only one outstanding TA activity remains to be completed after June 30, i.e., TA for community-based approach model for MDR-TB and TB-HIV and the improvement of monitoring & evaluation tool. KNCV requested an extension of the current contract until September 2016 in order to complete the task.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

In April a high level combined STP/GF mission to Indonesia voiced their concern on the under spending of the Global Fund (GF) TB grant and underperformance on GF targets, especially on TB case notification, MDR-TB and TB/HIV. This was putting Indonesia is at risk to lose up 20 mio USD over the period 2016-2017, which is also expected to decrease the level of the allocation for the consecutive period. CTB took the initiative to facilitate bi-weekly meetings between the GF country team and the NTP, with participation from the CCM vice chair, WHO, KNCV, and others as relevant and to support the NTP in implementing the action points agreed during these meetings. This already resulted in an accelerated MDR response in the country (procurement of 200 additional GENExpert machines, expansion of the diagnostic algorithm, training of GeneXpert teams and planning for scale-up and decentralization of PMDT), rescheduling of the GF grant and an improved GF utilization rate. The CTB support in these fields is crucial as mitigating action for the risks identified by the GF Geneva Risk Team as discussed during the visit on June 2nd by the Global Fund Secretariat Risk Management team.

The unavailability of human resources for follow-up of monitoring and support to quality implementation of GeneXpert roll-out and PMDT scale-up is worrying. CTB together with the NTP (GF resources) will train provincial GeneXpert teams (over 40 teams in 34 provinces) and motivate and facilitate the provincial health offices to appoint additional PMDT coordinators. These coordinators will lead multi-sectoral PMDT teams to support the uptake of GeneXpert testing and quality of PMDT during scale-up. These will be trained by CTB and NTP in supervision and guidance for PMDT scale-up.

Related to TB in prison, the Dissemination of the enhanced TB active case finding in the Correctional Facility Guideline include the strengthening linkage between Prisons, DHO/PHO and Provincial MoLHR using DGC-MoLHR GF, with outputs include the planning of cadres training to enhance FAST strategy in prisons/DCs (GF MoLHR-DGC), start up local CSOs support for TB-HIV in West Java's and Jakarta's prisons/DCs under Red Institute, a local CSO funded by GF NFM HIV

1. CTB supported the TB DOTS training (GF MoLHR-DGC) for prison staff
2. CTB contributed in the development of TB sputum transport system policy and guideline in which prisons are recommended to be included as Pick up Points.

CTB also supported GF implementation on TB-HIV program activity, as below:

1. Supporting the revision of National Strategic Plan & TB-HIV National Action Plan 2015-2019, to include a provincial and district based target for each indicator based on their TB case notification & TB-HIV support availability.
2. Supporting the revision of TB-HIV training module.
3. Facilitating TB-HIV Capacity Building for TB programmer & HIV programmer at district level in 2 provinces (North Sumatera – 9 districts, Central Java – 35 districts).
4. Facilitating TB-HIV Joint Planning for 34 provinces at National Level.
5. Facilitating TB-HIV Joint Planning at Provincial Level in North Sumatera & Central Java.
6. Facilitating discussion for determining TB target at provincial level during National TB Evaluation Meeting.

4. Success Stories – Planning and Development

Planned success story title:	Engaging Private Practitioners in the TB Program
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	CTB tries to implement several approaches to support NTP in engaging private providers, esp. GPs to actively participate on the TB program. Some of the approaches are through PPM implementation, GPs certification program (OJT, Distance Learning), and simplification of the recording and reporting mechanism (using m-tech). It is expected that by the end of Year 2 we will be able to count the yield of the approaches, esp. the contribution of GPs on TB notification.
Status update:	<p>In West Java, the number of GPs who participated in distance Learning is still very low (only 24 out of 3,229 GPs), and only 1 GP from Bandung City who passed the certification. CTB continuously builds good coordination with IMA-West Java to overcome this challenge. A coordination meeting has been conducted in May 2016 to understand the problems and find the alternative solution. As the result IMA- West Java and CTB will conduct a GP mapping in 2 Public Health Center areas.</p> <p>At the national level, CTB facilitated the NTP to develop a user friendly information system for recording and reporting to support mandatory notification. To date, variables which are proposed for Recording and Reporting have been approved by the NTP. The software-development is in progress and the prototype is expected to be final in August 2016.</p>

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	460	296	Data 2011-2015 was taken from NTP Data 2016 was taken from eTB manager
Total 2012	696	441	
Total 2013	1094	819	
Total 2014	1752	1287	
Total 2015	1840	1547	
Jan-Mar 2016	663	413	
Apr-Jun 2016	651	358	
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014	0	0	DLM is not yet used in Indonesia
Total 2015	16	0	
Jan-Mar 2016	8	0	
Apr-Jun 2016	12	0	
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						
	Medan City	1,715	1,450			3,165	
	Deli Serdang	775	797			1,572	
	North Jakarta	530	471			1,001	
	East Jakarta	1,837	1,314			3,151	

	Bandung City	1,908	2,268			4,176	
	Bogor	2,687	1,737			4,424	
	Semarang City	771	754			1,525	
	Surakarta City	451	433			884	
	Tulungagung	176	223			399	
	Jember	821	763			1584	
	TB cases (all forms) notified for all CTB areas	11,671	10,210			21,881	
	All TB cases (all forms) notified nationwide (denominator)	80,885	67,133			148,018	
	% of national cases notified in CTB geographic areas	14%	15%			14%	
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention						
	Medan City	595	253			848	
	Deli Serdang	111	83			194	
	North Jakarta	88	159			247	
	East Jakarta	403	241			644	
	Bandung City	581	975			1,556	
	Bogor	185	71			256	
	Semarang City	194	152			346	
	Surakarta City	124	171			295	
	Tulungagung	9	5			14	
	Jember	0	0			0	
	TB cases (all forms) notified from this intervention	2,290	2,110			4,400	
	All TB cases notified in this CTB area (denominator)	11,671	10,210			21,881	
	% of cases notified from this intervention	20%	21%			20%	
Children (0-14)	CTB geographic focus for this intervention						
	Medan City	56	101			157	
	Deli Serdang	22	34			56	
	North Jakarta	45	40			85	
	East Jakarta	170	134			304	
	Bandung City	567	627			1,194	
	Bogor	343	230			573	
	Semarang City	121	98			219	

Surakarta City	66	8		74
Tulungagung	16	71		87
Jember	46	35		81
TB cases (all forms) notified from this intervention	1,452	1,378		2,830
All TB cases notified in this CTB area (denominator)	11,671	10,210		21,881
% of cases notified from this intervention	12%	13%		12%

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q 4					
1	KNCV	Kathy Fiekert		60 days			Support finalization of APA2 Work Plan and provide interim technical support to cover absent CRO, Jan Voskens	Complete	9 Jan – 5 Mar 2016	57 days	
2	KNCV	Dianne van Oosterhout			10 days		HQ Project management	Pending			
3	KNCV	Ena Madsen			9 days		HQ Project management	Pending			
4	KNCV	Lucian Roeters			6 days		Support APA3 Workplan development				Planned in July
5	KNCV	Mar Koetse			6 days		Internal Audit from HQ Finance	Complete	14-25 March 2016		
6	KNCV	Petra de Haas		20 days			Provide TA on strengthening of the TB Lab network, QA and implementation of CTB activities with detail purpose: 1. Introduce Petra de Haas as CTB Senior Technical Lab consultants to the NTP and lab team 2. Support the finalization of	Complete	20 – 29 Jan 2016	10 days	There was changes for length of mission based on availability and NTP's plan.

							the outstanding National Laboratory Action Plan and the CTB				
7	KNCV	Petra de Haas				20 days	1. Provide technical assistance on strengthening of the TB laboratory network, quality assurance and implementation of Challenge TB activities related to strengthening of TB laboratory network. 2. Provide technical assistance for the development of a responsive GeneXpert network expansion strategy	Complete	5- 15 Apr 2016	11 days	There was changes for length of mission based on availability and NTP's plan.
8	SA Pathology	Richard Lumb		10 days			Provide TA on strengthening of the TB Lab network, QA and implementation of CTB activities with detail purpose: 1. Introduce Petra de Haas as CTB Senior Technical Lab consultants to the NTP and lab team 2. Support the finalization of the outstanding National Laboratory Action Plan and the CTB specific lab plan	Complete	24 – 29 Jan 2016	6 days	
9	SA Pathology	Richard Lumb				10 days	Laboratory TA	Pending			
10	KNCV	TBD		10 days			Consultant visit for KIT Training	Cancelled			The activity was shifted to APA 3
11	KNCV	TBD		10 days			Consultant visit for KIT Training	Cancelled			The activity was shifted to APA 3
12	KNCV	Kathy Fiekert			10 days		HQ technical support visit	Cancelled			
13	KNCV	Agnes Gebhard		15 days			STTA for PMDT consultant	Complete	17 – 25 Oct 2015	9 days	
14	KNCV	Agnes Gebhard			15 days		1. To prepare the participatory district planning process, incl. review of the preparations and	Complete	14 – 23 Feb 2016	10 days	

							<p>materials developed to the participatory district planning process and packages</p> <p>2. Follow up on previous PMDT mission and main findings</p> <p>3. Discuss further partner roles and engagement strategies</p>					
15	KNCV	Michael Kimerling		15 days			<p>1. To introduce Agnes Gebhard as the new CD to the new NTP leadership, KNCV team and partners and facilitate the hand-over process and priority setting</p> <p>2. To prepare the participatory district planning process, incl. review of the preparations and materials developed to the participatory district planning process and packages</p> <p>3. Follow up on previous PMDT mission and main findings</p> <p>4. Discuss further partner roles and engagement strategies</p>	Complete	14 – 23 Feb 2016	10 days		
16	KNCV	Job Van Rest			12 days			Pending				
17	KNCV	Edine Tiemersma		15 days			<p>The main objectives of this mission were to:</p> <ul style="list-style-type: none"> • prepare broad assessments of 10 intensified districts, including check lists, interview guides and other materials, to enable the design of the most needed and feasible interventions; • prepare a list of measurable indicators to assess the impact of planned 	Complete	28 Sept – 10 Oct 2016			

						<p>interventions</p> <p>The secondary aims of the mission were to further prepare a cluster-randomized study to assess the incremental yield of TB screening of risk groups (elderly, male smokers, undernourished adults, and previously treated TB patients) at entry in community health centers using optimized screening algorithms (including e.g. (digital) X-ray and Xpert MTB/RIF), and b) to discuss the successes and challenges in the implementation of bedaquiline treatment and pharmacovigilance in Indonesia</p>					
18	KNCV	Edine Tiemersma			15 days	<p>to monitor all aspects of pharmacovigilance (PV) data collection for the bedaquiline (BDQ) implementation project and provide recommendations to improve the system if and where needed.</p>	Complete	1 – 13 Nov 2015	13 days		
19	KNCV	Edine Tiemersma			15 days	<ol style="list-style-type: none"> 1. To further assist in the implementation of pharmaco-vigilance (PV) for new TB drugs and regimens in Indonesia (currently bedaquiline (Bdq)); 2. To further discuss and agree with NTP on the best possible algorithms and options to evaluate enhanced tuberculosis (TB) case finding (ECF) in public health facilities in one district, involving entry triaging using a broad but simple TB screening 	Complete	13 – 22 Apr 2016	10 days		

							algorithm for all clients at clinic entry followed by diagnostic evaluation using Xpert MTB/RIF for all those screening positive; To prioritize projects in APA2 and APA3 for formal evaluation using operational research (OR) approach needing assistance from the technical officer research at KNCV Jakarta.				
20	KNCV	Ieva Leimane	15 days				1. Assist CTB Indonesia in updating its staffing structure and HR plans based on a thorough HR needs and competencies assessments-current and required under new structure (inc task analysis) 2. Develop district specific TB (HR)D plns based on thorough HR needs and competencies assessments - current and required for intensified activities (inc task analysis) in the 10 CTB priority districts in collaboration with the NTP&MoH-BPPSDM	Complete	09 – 19 dec 2015	11 days	
21	KNCV	Ieva Leimane			15 days		1. Assist CTB Indonesia in updating its staffing structure and HR plans based on a thorough HR needs and competencies assessments - current and required under new structure (incl. task analysis) 2. Develop district specific TB (HR)D plans based on through HR needs and competencies assessments - current and required for intensified activities (incl. task analysis) in the 10 CTB priority districts in	Complete	21-26 Feb 2016	6 days	

							collaboration with the NTP & MoH-BPPSDM				
22	KNCV	Karin Bergstrom		15 days			<ul style="list-style-type: none"> - TB HRD assessment all level - Recommendations on staffing and investment needs based on the assessment - Upgrading the ToT system in collaboration with BPPSDM Developing HRD plan and updating curricula	Pending			
23	KNCV	Karin Bergstrom				15 days	<ul style="list-style-type: none"> - TB HRD assessment all level - Recommendations on staffing and investment needs based on the assessment - Upgrading the ToT system in collaboration with BPPSDM Developing HRD plan and updating curricula	Pending			
24	KNCV	Michael Kimerling			12 days		HQ Technical Support	Complete	6 – 10 Jun 2016	5 days	
25	KNCV	Michael Kimerling				12 days	HQ Technical Support	Pending			
26	KNCV	Kathy Fiekert				22 days	HQ Technical Support	Pending			
27	FHI360	Matt Avery			5 days		Facilitate module revision for MDR TB peer educator to include Motiv8 as part of capacity building	Pending			
28	ATS	Lisa Chen		14 days			Strengthening enhanced cohort review (ECR) in PMDT scale-up framework. This involves 2 trips for 2 members of multidisciplinary team, to enable hands-on mentoring and assessment of operational implementation of multiple ECR processes by numerous staff members. For each trip, there will be an MD technical expert	Complete	25 – 30 Oct 2015	6 days	

							and an RN or MPH technical expert, with 5 in country days, 2 travel days, and 3 pre-/post-desk work.				
29	ATS	Lisa Chen			14 days		Strengthening enhanced cohort review (ECR) in PMDT scale-up framework. This involves 2 trips for 2 members of multidisciplinary team, to enable hands-on mentoring and assessment of operational implementation of multiple ECR processes by numerous staff members. For each trip, there will be an MD technical expert and an RN or MPH technical expert, with 5 in country days, 2 travel days, and 3 pre-/post-desk work.	Pending			
30	ATS	Lisa True		7 days			Strengthening enhanced cohort review (ECR) in PMDT scale-up framework. This involves 2 trips for 2 members of multidisciplinary team, to enable hands-on mentoring and assessment of operational implementation of multiple ECR processes by numerous staff members. For each trip, there will be an MD technical expert and an RN or MPH technical expert, with 5 in country days, 2 travel days, and 3 pre-/post-desk work.	Pending			
31	ATS	Lisa True			7 days		Strengthening enhanced cohort review (ECR) in PMDT scale-up framework. This involves 2 trips for 2 members of multidisciplinary team, to enable hands-on mentoring and assessment of operational	Pending			

							implementation of multiple ECR processes by numerous staff members. For each trip, there will be an MD technical expert and an RN or MPH technical expert, with 5 in country days, 2 travel days, and 3 pre-/post-desk work.				
32	ATS	Lisa Chen		7 days			Determine / develop project ECHO-style model for distance case consultation / case management between Persahabatan as Center of Excellence (COE) and 8 regional sites to support capacity building and quality of care at regional sites. Mechanism can also be used as cost-effective/sustainable means to support expert long-distance mentorship for enhanced cohort review by COE to regional sites. Lisa Chen - 5 days desk work, 5 days in country, and 2 days travel.	Complete	26 - 30 Oct 2015	5 days	
33		Baby Djojonegoro		7 days			Determine / develop project ECHO-style model for distance case consultation / case management between Persahabatan as Center of Excellence (COE) and 8 regional sites to support capacity building and quality of care at regional sites. Mechanism can also be used as cost-effective/sustainable means to support expert long-distance mentorship for enhanced cohort review by COE to regional sites. Lisa Chen - 5 days desk work, 5 days in country, and 2 days	Complete	26 - 30 Oct 2015	5 days	

							travel.				
34	IRD	Ali Habib		10 days			<p>1) Initiate conversations around a new system for TB and MDR-TB reporting and recording in Indonesia</p> <p>2) Determine a dataset to be collected by the mobile electronic mandatory notification system to developed for Indonesia for use in the private sector</p> <p>3) Follow-up on progress on changes to eTB Manager for integration with GxAlert in APA2</p>	Complete	4 - 14 Oct 2015	11 days	
35	IRD	Ali Habib		10 days			<p>1) Meet stakeholders outside the TB program about the proposal to develop a new system forecording and reporting. This was to include SIHA, BPOM, BINFAR, and Pusdatin</p> <p>2) Data dictionaries for SITT and eTB Manager were to be completed and progress was to bechecked on the data dictionary for the new system</p> <p>3) Determine a dataset to be collected by the mobile electronic mandatory notification systedeveloped for Indonesia for use in the private sector</p> <p>4) Follow-up on progress on</p>	Complete	15 - 20 Nov 2015	6 days	

							changes to eTB Manager for integration with GxAlert in APA2				
36	IRD	Jeff Tackle		20 days			Facilitate/ support well-functioning quality data system/ DQA in CTB areas, including maintain current system until transition to new comprehensive system is operational	Pending			
37	ATS	Phil Hopewell						Complete	25 - 30 Oct 2015	6 days	Replacement of Lisa True
Total number of visits conducted (cumulative for fiscal year)								18			
Total number of visits planned in approved work plan								37			
Percent of planned international consultant visits conducted								49%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	CTB Geographical Areas (Intensified Districts) 1. Non NTP- Public 2. Non NTP- Private	quarterly	National Baseline 1. Non NTP- Public = 57,586/322,806 (18%) (2014) 2. Non NTP-Private= 28,186/322,806 (9%) (2014) 10 CTB District: 1. Non NTP- Public = 10,553/40,577 (26%) (2014) 2. Non NTP-Private= 7,136/40,577 (18%) (2014)	10 CTB District 1. Non NTP- Public = 28% 2. Non NTP-Private= 19%	10 CTB districts (2015) <ul style="list-style-type: none"> Non NTP Public: 29% (12,678/43,540) Non NTP Private: 19% (8,080/43,540) 10 CTB districts (Oct-Dec 2015) <ul style="list-style-type: none"> Non NTP Public 29% (3,383/11,671) Non NTP Private 20% (2,290/11,671) 10 CTB districts (Jan-Mar 2016)* <ul style="list-style-type: none"> Non NTP Public 25% (2,528/10,210) Non NTP Private 21% (2,110/10,210) 	*data April-June 2016 is not available yet
1.1.4. # of providers (stratified by private, public, military, prison, etc.) certified to provide TB services	CTB Geographical Areas (Intensified Districts) Stratified by: NTP providers (PHC and Lung Clinics) , Public and Private Hospitals and Prison	annually	10 CTB District = 678; i.e. : <ul style="list-style-type: none"> - NTP providers (PHC & Lung Clinics) = 520 - Public Hospitals = 48 - Private Hospital= 89 - Prison = 21 	685	Collected annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	National	annually	0= Operational plan not available (2015)	2= Operational plan available and follows standard technical and management principles of a quality work plan required for implementing the necessary interventions to build and strengthen the existing TB laboratory network	Collected annually	
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy	CTB Geographical Areas (Intensified Districts)	annually	121/162 (75%) (2014)* * Only 5 districts provide the data.	100%	64% (121/189) (2015)	Data was taken from latest EQA of each district in 2015. Data available in 9 districts (Tulungagung is not available)
2.2.4. #/% of laboratories showing adequate performance in external quality assurance for DST	CTB Geographical Areas	annually	National: 8/11 (73%) CTB Geographical Areas: 5/7 (72%)	CTB geographical areas:100%	2015 National: 13/13 (100%) CTB Geographical Areas: 8/8 (100%)	7 labs were certified for second line DST (this quarter, 2 labs are certified) 6 labs were certified for first line DST
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).	National	annually	0/3 (0%) (2014)	1/3 (30%)	Collected annually	
2.2.7. Number of GLI-approved TB microscopy network standards met	National	annually	4 standards met (No: 2, 3, 6, 11)	11 standards met	Collected annually	
2.3.1 Percent of TB cases tested for RR-/MDR-TB	CTB Geographical Areas (Intensified)	quarterly		15%	Percent of TB cases tested for RR-/MDR-TB: 8% (3,562/43,540) (2015) 9% (1,067/11,671) (Oct-Dec 2015)	Previously, this indicator is "Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result" and the definition

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
	Districts)				9% (1,021/11,671) (Jan-Mar 2016)	operational has been changed. Baseline: <u>CTB Geographic Areas (2014)</u> <u>8%</u>

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	CTB Geographical Areas (Intensified Districts) By Case Finding Approach 1. TB-DM 2. TB-HIV 3. TB Children 4. CI 5. TemPO	quarterly	1. TB-DM= Not Available 2. TB-HIV= Not Available 3. TB Children= Not Available 4. CI = Not Available 5. TemPO= Not Available	TBD	<ul style="list-style-type: none"> • TB-DM*: 65 (2015) (Semarang City and Surakarta City) 10 (Jan-Mar 2016) (Semarang City and Surakarta City) • TB-HIV 742 (2015) 167 (Oct-Dec 2015) 164 (Jan-Mar 2015) • TB Children 12% (5,222/43,540) (2015) 12% (1,452/11,671) (Oct-Dec 2015) 13% (1378/10,210) (Jan-Mar 2016) • CI: NA • TemPO: NA 	*data April-June 2016 is not available yet
3.1.4. Number of RR-TB or MDR-TB cases notified	CTB Geographical Areas 5 provinces	quarterly	1,299 (2014)	NA	<u>CTB 5 provinces</u> 1,452 (2015) 359 (Oct-Dec 2015) 420 (Jan-Mar 2016) 82 (Apr-Jun 2016)	Previously, this indicator is “Number of MDR-TB cases detected” without change on definition operational
3.2.1. Number and percent of TB cases	CTB Geographical	annually	33,048/ 39,571 (84%) (2013)	90%	81% (33,241/41,069) (2014, 10 CTB district)	Number of patients evaluated is not completed yet in 3 districts, i.e:

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	Areas (Intensified Districts)					<ul style="list-style-type: none"> - North Jakarta: 66% - East Jakarta: 92% - Semarang City: 99%
3.2.4. Patients started on MDR-TB treatment	CTB Geographical Areas (5 provinces)	quarterly	National (2014) = 1,284 CTB 5 provinces (2014) = 974	100% of MDR-TB detected	<u>National</u> 1583 (2015) 402 (Oct-Dec 2015) 431 (Jan-Mar 2016) 358 (Apr-Jun 2016) <u>CTB 5 provinces</u> 1119 (2015) 266 (Oct-Dec 2015) 329 (Jan-Mar 2016) 268 (Apr-Jun 2016)	Previously, this indicator is “Number of MDR-TB cases initiating second-line treatment” without change on definition operational. Data was taken from TB 07 eTB Manager as per 17 July 2016
3.2.7. Number and percent of MDR-TB cases successfully treated	CTB Geographical Areas (5 provinces)	annually	National (2012) = 55% 9236/432) CTB (2012) = 56% (217/389)	65%	<u>National</u> 50% (408/817) (2013) <u>CTB 5 provinces</u> 51% (357/702) (2013)	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	CTB Geographical Areas (Intensified Districts)	annually	184/311 (59%) (2013)	100%	16% (118/742) (2015, 10 districts)	
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register	CTB Geographical Areas (Intensified Districts)	annually	1,218/ 21,550 (6%) (2013)	25%	14% (6,205/43,540)(2015,10 districts)	72% of them have HIV test during TB treatment

Sub-objective:	5. Infection control
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.2.3. Number and % of health care workers diagnosed with TB during reporting period	CTB Geographical Areas (Intensified Districts)	annually	Not Available	TBD	NA	This data is not available in Indonesia due to confidentiality regulations

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.7. #/% eligible PLHIV with LTBI started on preventive treatment	CTB Geographical Areas (Intensified Districts)	annually	163 /299 (55%)	75%	Collected annually	Data not yet available.
6.1.11. Number of children under the age of 5 years who initiate IPT	CTB Geographical Areas (Intensified Districts)	annually	Not Available	TBD	Collected annually	<p>NTP has sent INH for this activity to provincial health offices in the beginning of this year, however the drugs have not yet received by facilities.</p> <p>Forms to record IPT for children under the age of 5 years have been distributed to provincial level. The training as the follow up of the previously sent forms conducted on April 2016.</p> <p>Dissemination of guideline in provincial level conducted by 2 provinces in April-June 2016.</p>

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.2.1. % of NTP budget	CTB	annually	Not Available	TBD	Collected Annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
financed by domestic resources	Geographical Areas (Intensified Districts)					
7.2.3. % of activity budget covered by private sector cost share, by specific activity	CTB Geographical Areas (Intensified Districts)	annually	Not Available	Not applicable to set target	NA	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership	National	annually	1= National Stop TB Partnership established, and has adequate organizational structure; and a secretariat is in place that plays a facilitating role, and signed a common partnering agreement with all partners; but does not have detailed charter/plan, and does not meet regularly/ produce deliverables;	Not applicable to set target	N/A	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	CTB Geographical Areas (Intensified Districts)	annually	Not Available	Not applicable to set target	N/A	
8.2.1. Global Fund grant rating	National	annually	(Juli- December 2014) Aisiyiya : A1	Not applicable to set target	(Jan-Jun 2015) Aisiyiyah: A1	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			MoH : B1		MoH: B1	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	CTB Geographical Areas (Intensified Districts) 1. FLD (District Level) 2. SLD (District Level)	quarterly	SLD : 0 (2014) FLD : 2 districts: 1. Jember (TB drug for children) 2. North Jakarta (2nd Category)	Not applicable to set target	Oct-Dec 2015: 1.FLD (District Level) Cat 1: 0 Cat 2: 0 Children: 0 2. SLD (District Level) = 2 cities (Semarang city: capreomycin, Surakarta City: capreomycin, Kanamysin) Jan-Mar 2016: 1.FLD* (District Level) Cat 1: 0 Cat 2: 1 city (Bandung City) Children: 1 (Bandung City) 2. SLD (District Level)= 1 city (Semarang City)	*Data available only in 7 districts (Medan City, Deli Serdang, Surakarta city, Semarang City, Bandung City, Bogor, Jember, Tulungagung). Data April-June is not yet available.

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system	National	annually	3=a patient/case-based, real-time ERR system functions at national and subnational levels for both TB and MDR-TB	3=a patient/case-based, real-time ERR system functions at national and subnational levels for both TB and MDR-TB	N/A	
10.2.1. Standards and	National	annually	No	Not applicable to set	N/A	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented				target		
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	CTB Geographical Areas (Intensified Districts)	annually	0	Not applicable to set target	N/A	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	CTB Geographical Areas (Intensified Districts)	annually	NA	No	N/A	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	CTB Geographical Areas (Intensified Districts)	Quarterly and annually	Unavailable	Not applicable to set target	276 (M:89; F:187) (Jan-Mar 2016) 170 (M:63 , F:99)(Apr-Jun 2016)	
11.1.5. % of USAID TB funding directed to local partners	CTB Geographical Areas (Intensified Districts)	annually	0	Not applicable to set target	N/A	